

# Redemption Checklist

This contains the list of forms and documents you will need to submit in order to successfully redeem your funds. All information shared shall be kept confidential. Thank you!



- □ Rampver Financials Redemption Survey
- ☐ ATRAM Investment Application Form (redemption section)
- ☐ Scanned copy of one (I) valid government-issued ID with 3 specimen signatures



- ☐ Rampver Financials Redemption Survey
- ☐ Soldivo Investment Application Form (redemption section)
- ☐ Scanned copy of one (1) valid government-issued ID with 3 specimen signatures



- □ Rampver Financials Redemption Survey
- ☐ Sun Life Request for Redemption/Fund Switch Form
- ☐ Scanned copy of one (1) valid government-issued ID with 3 specimen signatures
- □ Proof of Bank Account

# PhilEquity

- ☐ Rampver Financials Redemption Survey
- ☐ PhilEquity Redemption Order Form
- ☐ PhilEquity Settlement Account Form
- ☐ Scanned copy of one (1) valid government-issued ID with 3 specimen signatures
- ☐ Proof of Bank Account



- \*ALFM & BPI Investment Management Inc. funds
- □ Rampver Financials Redemption Survey
- ☐ BIMI Letter of Instruction Form
- ☐ BIMI Mutual Fund Order Form (redemption section)
- ☐ Scanned copy of one (1) valid government-issued ID with 3 specimen signatures



- ☐ Rampver Financials Redemption Survey
- ☐ FAMI Account Opening Form
- ☐ FAMI Redemption Form
- ☐ Scanned copy of one (1) valid government-issued ID with 3 specimen signatures

**Note:** Scan and send the accomplished requirements to <u>transactions@rampver.com</u>. Please make sure you have COMPLETE requirements so we can process your redemption request. Missing or incomplete requirements will result in delays in receiving your proceeds. Upon successful submission, Rampver will process your redemption request within 5-7 business days. Please be advised that this turnaround time only applies upon submission of your COMPLETE requirements. In addition, there may be an exit fee deducted to your proceeds if you haven't completed the holding period of the fund you are invested in. If you have any questions or need further assistance, please email us at <u>transactions@rampver.com</u>.



# Rampver Financials Redemption Survey

Your feedback is important to us. Kindly answer this short survey as part of your mutual fund redemption requirements. All information contained in this survey will be kept confidential. Thank you!

Account Name: Name of Servicing Advisor:											
Account No:			Mobile N	Number:							
1. Why are you redeeming					t apply)						
	Realized Gains (I have already achieved my financial goal for this investment)  Fund Switching (I want to invest in a different mutual fund within Rampver's products)										
Use for another financial product (I will use the proceeds from my mutual fund investment to fund another financial product)											
Emergency (I will use the proceeds from my mutual fund investment to pay for an emergency expense)											
Not satisfied with the returns (I am not satisfied with the performance of my mutual fund investment)											
Others (Kindly spec	Others (Kindly specify the reason)										
2. Are you satisfied with th	2. Are you satisfied with the services that we provided to you? (With 1 being the lowest and 5 being the highest rating)										
	1	2	3	4	5						
Not Satisfied						Very Satisfied					
3. If you rated us 3 and be future?	low, what are t	he improveme	ents we need to	o work on to m	ake you cons	ider investing again in the					
4. Additional comments and suggestions:											
Name		-	Signature								



Date / Time Received

Source of Document

Received By

# **REDEMPTION ORDER FORM (ROF)**

	quity		TIEDEWII I	1011	OHDI		1 1101 (	1101 )		
	venue corner 28 <sup>th</sup> Street, Bonifaci st@philequity.net   ask@philequi			NTE mm/dd/	′уууу					
	all information in CAPITAL LETT			at are not a	applicable and	do not leave a	iny blank sp	aces.		
		TRANSACT	ION DETAILS							
Account Name										
Account Number			Contact Number	r						
Fund Name			Email Address							
Redemption Type	Partial	Full	Number of Shar Units	es or						
Reason for Redemption	Not satisfied w	Realize profit / loss Financial requirement, please specify:  Not satisfied with investment Transfer to other investment, please specify:  Others, please specify:								
		MODE OF	PAYMENT							
Check – for pick	osit to enrolled bank acco cup and encashment at P nall be made payable to the F	hilEquity head office			_	the account of				
Account Form.		IF PICK UP CHE	CK (OPTIONAL)							
	our representative whose naive must present one (1) valid I	ame and signature appe		y/our rede	emption che	ck from the	PhilEquity	head office.		
Complete Name			Signature							
		DECLARATION	OF INVESTORS							
price, as defined in the protection the number of shares of the stock/units on the books of l/We hereby attest and ack 1. Redemption order this form/redemptions for any stale checks 3. Any penalties or 4. There are risks in 5. For ITF account 6. For joint accouncontinuing decla 7. I/We will indemnexpenses whats	ers may be subject to further ofton instruction in such manning deposit to bank accounts at swill be subject to a penalty of bank charges corresponding involved for my/our instruction where the beneficiary is a mits, I/we declare under penalting ration and representation; an ify and hold free and harmles oever arising from the acceptacies from information provides	to have read and unders f the Fund as indicated in with full power of substitution prior to proceed that it may deem applies subject to check clear of Php 25.00; to my/our redemption with the control of the prior	stood. Furthermore, for vabove and do irrevocabilitution in the premises.  essing and PhilEquity shropriate; ing, redemptions made to the deducted directly from the premise are demption proceeds was co-investors are still livities.	alue recei ly constitu nall have a hrough R' rom my/ou le); vill be used ng and th	ived, I/we he ute and appo at its sole dis TGS / PDDT ur redemption d solely for h at PhilEquity s from any c	ereby sell, as oint the Fund scretion the r TS are subject in proceeds; his/her benefity may at its occusts, losses,	sign, and to d's transfer distributed according to bank of the control of the con	transfer unto r of the said cept or reject charges and rely on such damages or		
	SO SIGNATURE		A STATE OF THE STA	ATU.				SO SIGNATURE		
Authorized S Signature over I			ed Signatory 2 over Printed Name	1		Authorized S				
2.3		<u> </u>	REMINDERS			, 0 0 101				
<ul> <li>✓ Digital signatures are s</li> <li>✓ As proof of your redem</li> <li>Net Asset Value Per SI</li> <li>✓ Documents received by processed the next bus</li> <li>✓ Redemption Order Form</li> <li>i. Submitted to (PEMI will r</li> <li>ii. Emailed to in</li> </ul>	etails are up to date to avoid de trictly prohibited and will cause aption, a Confirmation Notice whare (NAVPS) / Net Asset Valuy 12 noon cut-off will be processiness day applying the correspense should be submitted to you be PhilEquity Management Inc. and pick up deliveries to the PS invest@philequity.net (if enrolle processed based on the date a	your Redemption Order Fill be sent to you not later e Per Unit (NAVPU). seed within the same busing onding NAVPS/NAVPU for distributor or agent for init at 15 <sup>th</sup> Floor, PSE Tower, & Fower lobby) d to Electronic Mail Instruc	form or instruction to be re than 7 business days with the NAVPS or that day. Cut-off times metal verification. If you are a business day using the NAVPS or that day. Cut-off times metal verification. If you are a business days are constituted by the Navenue corner 28th Streetions). Quity Management, Inc.	n the numb S/NAVPU lay vary de a PhilEquit eet, Bonifad	for the day. A epending on y ty direct client	Anything recei your distributo t, documents	ved past cu or or agent. may be:			
Date / Time Received	Di	Distributor								
Received By			for processing by							
			Y USE ONLY							

Date Processed

Processor

Authorizer

T M V Other

**Date Verified** 

Verified Thru

Verified By



# SETTLEMENT ACCOUNT FORM

3	15 <sup>th</sup> Floor PSE Tower,	5 <sup>th</sup> Avenue corner 28 <sup>th</sup> Street, Bonifacio Global City, Taguig City, 1634	
	(+632) 8250 8700 📵	invest@philequity.net   ask@philequity.net   www.philequity.net	

DATE mm/dd/yyyy						
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INSTRUCTIONS: Please type all information in CAPITAL LETTERS. Fill out this form completely. Write N/A on fields that are not applicable and do not leave any blank spaces.

	GENERAL INFORMATION												
Account Name													
Account Number													
Email Address			Contact Number										
INVESTOR'S PHILIPPINE BANK ACCOUNT DETAILS (For Redemption Purposes)													
Bank Name													
Branch Name													
Account Currency	Peso	Dollar											
Type of Account	Savings	Checking											
Bank Account Name													
Bank Account Number													
The bank account	name should match your P	hilEquity account na	ame except for ITF acco	ounts where the tru	ustees' names will suf	fice.							

#### **DECLARATION OF INVESTORS**

Your bank account should have no restrictions in accepting check payments or direct credit to account.

I/We hereby attest and acknowledge that:

- 1. I/We am/are the registered owner/trustee of the mutual fund shares/units and hereby request to effect the instruction/s indicated above which may serve as our standard settlement instruction.
- 2. The provided bank information will be applied to my/our PhilEquity account indicated above, any further changes will be communicated to PhilEquity with a revised Settlement Account Form signed by all investors.
- 3. I/We accept, give full consent and agree to abide by the General Terms and Conditions, a copy of which was provided to me/us together with any and all amendments made thereto from time to time.
- 4. For ITF account where the beneficiary is a minor, I/we declare that the redemption proceeds will be used solely for his/her benefit. In case the beneficiary reaches the legal age, the redemption proceeds in the form of cheque will be made payable to his/her name unless otherwise approved by him/her. The bank account provided above will not be used.
- 5. I/We hold PEMI, its officers and representatives, free and harmless from any and all claims, liabilities, damages and suits of whatever nature arising out of or in connection with the changes indicated above.





SIGN BIG

Authorized Signatory 1
Signature over Printed Name

Authorized Signatory 2
Signature over Printed Name

Authorized Signatory 3
Signature over Printed Name

### **IMPORTANT REMINDERS**

- Ensure your contact details are up to date to avoid delays in processing your instruction.
- ✓ Digital signatures are strictly prohibited and will cause your instruction to be rejected.
- Documents received by 12 noon cut-off will be processed within the same business day. Anything received past cut-off shall be processed the next business day. Cut-off times may vary depending on your distributor or agent.
- Settlement Account Form should be submitted to your distributor or agent for initial verification. If you are a PhilEquity direct client, documents may be:
  - i. Submitted to PhilEquity Management Inc. at 15<sup>th</sup> Floor, PSE Tower, 5<sup>th</sup> Avenue corner 28<sup>th</sup> Street, Bonifacio Global City, Taguig City, 1634 (PEMI will not pick up deliveries from the PSE Tower lobby)
  - ii. Emailed to invest@philequity.net (if enrolled to Electronic Mail Instructions).
- This document will be processed based on the date and time received by PhilEquity Management, Inc.

DISTRIBUTOR / AGENT ACKNOWLEDGEMENT								
Date / Time Received	Distributor / Branch							
Received By	Confirmed for processing by							
PHILEQUITY USE ONLY								
Date / Time Received	Date Processed							
Source of Document	Processor							
Received By	Date Authorized							
Effective Date of Change	Authorizer							



# Rampver Financials Redemption Survey

Your feedback is important to us. Kindly answer this short survey as part of your mutual fund redemption requirements. All information contained in this survey will be kept confidential. Thank you!

Account Name: Juan Dela Cruz	Name of Servicing A	Name of Servicing Advisor: Rampver Representative								
Account No: 123456		Mobile Number: (+63) 912-345-6789								
1. Why are you redeeming your mutual fund i	investment? (Please check all boxes th	nat apply)								
Realized Gains (I have already achieve	d my financial goal for this investment)									
Fund Switching (I want to invest in a di	fferent mutual fund within Rampver's pro	oducts)								
Use for another financial product (I will	use the proceeds from my mutual fund i	investment to fund another financial product)								
Emergency (I will use the proceeds from	m my mutual fund investment to pay for a	an emergency expense)								
Not satisfied with the returns (I am not	satisfied with the performance of my mu	tual fund investment)								
Others (Kindly specify the reason)										
2. Are you satisfied with the services that we	provided to you? (With 1 being the lo	west and 5 being the highest rating)								
1	2 3 4	5								
		_								
Not Satisfied		Very Satisfied								
3. If you rated us 3 and below, what are the i future?	improvements we need to work on to r	make you consider investing again in the								
4. Additional comments and suggestions:	Ex.									
Thank you for helping me achie	eve my financial goals!									
	$\bigcap$									
Juan Dela Cruz	Ju-	January I, 2024								
Name	Signature	Date								

Write your Philequity account

#### **Fund Name**

Indicate name of the fund you are

# **Redemption Type**

Partial - you will be leaving a portion of your shares/units in the selected fund

#### **Number of Shares or Units**

Divide your desired redemption proceeds by the latest NAVPs/NAVPu to get the number of shares or units to be redeemed.

**Reason for Redemption** Select One

**Mode of Payment** Select One

#### For Individual Account

Sign once under Authorized Assisnatory I

For Joint "OR" Account At least 1 investor must sign

For Joint "AND" Account

# For ITF Account

Note: The beneficiary does not need to sign

	Ph	Eq	uity
	15 <sup>th</sup> Floor PSE To		
ø	(+632) 8250 8700	invest@	philequity.ne

# REDEMPTION ORDER FORM (ROF)

Street, Bonifacio Global City, Taguig City, 1634 et | ask@philequity.net www.philequity.net

DATE mm/dd/yyyy	0	1	0	1	2	0	2	4

INSTRUCTIONS: Please type all information in CAPITAL LETTERS. Fill out this form completely. Write N/A on fields that are not applicable and do not leave any blank spaces

TRANSACTION DETAILS									
Account Name	Juan Dela Cruz								
Account Number	123456	Contact Number	(+63) 912-345-6789						
Fund Name	Philequity Fund, Inc	Email Address	juandelacruz@gmail.com						
Redemption Type	Partial Full	Number of Shares or Units	1,000						
Reason for Redemption	Realize profit / loss     Not satisfied with investment     Others, please specify:		ment, please specify:investment, please specify:						
MODE OF PAYMENT									
Charle for done	it to encolled book account	O PTOS / PDDTS							

- Check for deposit to enrolled bank account
- Check for pick up and encashment at PhilEquity head office

All redemption proceeds shall be made payable to the PhilEquity Account Name only. If you wish to change or enroll a bank account, please submit a Settlement

## IF PICK UP CHECK (OPTIONAL)

IWe hereby authorize my/our representative whose name and signature appears below, to pick up my/our redemption check from the PhilEquity head office. (The authorized representative must present one (1) valid ID upon pick up)

## **Complete Name** DECLARATION OF INVESTORS

I/We the undersigned registered owners/trustees of mutual fund shares/units, hereby request the redemption of such shares/units at the applicable redemption price, as defined in the prospectus, which I/we warrant to have read and understood. Furthermore, for value received, I/we hereby sell, assign, and transfer unto the number of shares of the capital stock/offer units of the Fund as indicated above and do irrevocably constitute and appoint the Fund's transfer of the said

I/We hereby attest and acknowledge that:

- Redemptions for deposit to bank accounts are subject to check clearing, redemptions made through RTGS / PDDTS are subject to bank charges and
- redemptions for deposit to bank accounts are subject to check cleaning, redemptions made inrough RTGS / PDDTS are subject to bank charges and any state checks will be subject to a penalty of Php 25.00;

  Any penalties or bank charges corresponding to my/our redemption will be deducted directly from my/our redemption proceeds;

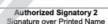
  There are risks involved for my/our instruction to encash my/our redemption check (if applicable);

  For ITF account where the beneficiary is a minor, I/we declare that the redemption proceeds will be used solely for his/her benefit;

  For joint accounts, I/we declare under penalty of perjury that my/our co-investors are still living and that PhilEquity may at its discretion rely on such

- continuing declaration and representation; and I/We will indemnify and hold free and harmless PhilEquity, its officers, employees and its representatives from any costs, losses, liabilities, damages or expenses whatsoever arising from the acceptance or rejection, delay or inaction and any unsuccessful crediting of the redemption proceeds due to error or discrepancies from information provided on the PhilEquity forms.





Authorized Signatory 3 Signature over Printed Name

Signature over Printed Name

IMPORTANT REMINDERS

- Ensure your contact details are up to date to avoid delays in processing your redemption.

  Digital signatures are strictly prohibited and will cause your Redemption Order Form or instruction to be rejected.

  As proof of your redemption, a Confirmation Notice will be sent to you not later than 7 business days with the number of shares/units redeemed at the corresponding Net Asset Value Per Bhare (NAVPS) / Net Asset Value Per Unit (NAVPU).

  Documents received by 12 noon cut-off will be processed within the same business day using the NAVPS/NAVPU for the day. Anything received past cut-off shall be processed the next business day applying the corresponding NAVPS/NAVPU for that day. Cut-off times may vary depending on your distributor or agent.

  Redemption Order Forms should be submitted to your distributor or agent for initial verification. If you are a PhilEquity direct client, documents may be:

  i. Submitted to PhilEquity Management Inc. at 15° Floor, PSE Tower, 5° Avenue corner 28° Street, Bonifacio Global City, Taguig City, 1634

  ( PEMI will not pick up deliveries to the PSE Tower lobby)

  ii. Emailed to invest@philequity.net (if enrolled to Electronic Mail Instructions).

  This document will be processed based on the date and time received by PhilEquity Management, Inc.

  - This document will be processed based on the date and time received by PhilEquity Management, Inc.

DISTRIBUTOR / AGENT ACKNOWLEDGEMENT											
Date / Time Received		Distributor / Branch									
Received By		Confirmed for processing by	Confirmed for processing by								
PHILEQUITY USE ONLY											
Date / Time Received	Date Proces	sed	Date Verified								
Source of Document	Processor		Verified Thru	T M V Other							
Received By	Authorizer		Verified By								

Form: ROF v.2020



# SETTLEMENT ACCOUNT FORM

er, 5<sup>th</sup> Avenue corner 28<sup>th</sup> Street, Bonifacio Global City, Taguig City, 1634 1 (+632) 8250 8700 invest@philequity.net | ask@philequity.net www.philequity.net

DATE mm/dd/yyyy 0 | | 0 | 1 | 2 | 0 | 2 | 4

INSTRUCTIONS: Please type all information in CAPITAL LETTERS. Fill out this form completely. Write N/A on fields that are not applicable and do not leave any blank spaces

details

Write your Bank Account details

GENERAL INFORMATION																		
Account Name	Juan De	an Dela Cruz																
Account Number	123456	3456																
Email Address	juandelacruz@gmail.com					Contact Number (+63) 912-345-6789												
INVESTOR'S PHILIPPINE BANK ACCOUNT DETAILS (For Redemption Purposes)																		
Bank Name	Bank of	Bank of the Philippine Islands																
Branch Name	Ayala Pa	aseo																
Account Currency		Peso		C	) Doll	lar	4	4		4	>					A		
Type of Account		Saving	s	$\subset$	) Che	cking	4								72			
Bank Account Name	Juan De	la Cr	uz															
Bank Account Number	I 2	3	4	5	6	7	8	9	0					5				

- The bank account name should match your PhilEquity account name except for ITF accounts where the trustees' names will suffice.
- Your bank account should have no restrictions in accepting check payments or direct credit to account

## **DECLARATION OF INVESTORS**

I/We hereby attest and acknowledge that:

- I/We am/are the registered owner/trustee of the mutual fund shares/units and hereby request to effect the instruction/s indicated above which may serve as our standard settlement instruction.
- The provided bank information will be applied to my/our PhilEquity account indicated above, any further changes will be communicated to PhilEquity with a revised Settlement Account Form signed by all investors.

  I/We accept, give full consent and agree to abide by the General Terms and Conditions, a copy of which was provided to me/us together with any and
- all amendments made thereto from time to time.
- For ITF account where the beneficiary is a minor, I/we declare that the redemption proceeds will be used solely for his/her benefit. In case the beneficiary reaches the legal age, the redemption proceeds in the form of cheque will be made payable to his/her name unless otherwise approved by him/her. The bank account provided above will not be used.
- I/We hold PEMI, its officers and representatives, free and harmless from any and all claims, liabilities, damages and suits of whatever nature arising out of or in connection with the changes indicated above.

**Authorized Signatory 2** Signature over Printed Name

**Authorized Signatory 3** Signature over Printed Name



**Authorized Signatory 1** Signature over Printed Name

# IMPORTANT REMINDERS

- Ensure your contact details are up to date to avoid delays in processing your instruction. Digital signatures are strictly prohibited and will cause your instruction to be rejected.
- Documents received by 12 noon cut-off will be processed within the same business day. Anything received past cut-off shall be processed the next business day. Cut-off times may vary depending on your distributor or agent.
- Settlement Account Form should be submitted to your distributor or agent.

  Settlement Account Form should be submitted to your distributor or agent for initial verification. If you are a PhilEquity direct client, documents may be:

  i. Submitted to PhilEquity Management Inc. at 15th Floor, PSE Tower, 5th Avenue comer 28th Street, Bonifacio Global City, Taguig City, 1634 (PEMI will not pick up deliveries from the PSE Tower lobby)

  ii. Emailed to invest@philequity.net (if enrolled to Electronic Mail Instructions).

  This document will be processed based on the date and time received by PhilEquity Management, Inc.

#### **DISTRIBUTOR / AGENT ACKNOWLEDGEMENT** Date / Time Received Distributor / Branch Received By Confirmed for processing by PHILEQUITY USE ONL **Date Processed** Source of Document Processor Received By **Date Authorized Effective Date of Change** Authorizer

### For Individual Account

Sign once under Authorized Assisnatory I

For Joint "OR" Account

At least 1 investor must sign

For Joint "AND" Account All investors must sign

#### For ITF Account

Note: The beneficiary does not need to sign